

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/771,328-Conf. #4066
		Filing Date	February 5, 2004
		First Named Inventor	Hiromi TABUCHI
		Examiner Name	R. J. Kemmerle
		Art Unit	1791
TOTAL AMOUNT OF PAYMENT		(\$)	1,050.00
		Attorney Docket No.	1131-0500P

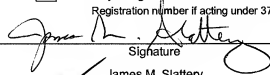

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES														
Fee Description	Fee (\$)	Small Entity Fee (\$)												
Each claim over 20 (including Reissues)	50	25												
Each independent claim over 3 (including Reissues)	210	105												
Multiple dependent claims	370	185												
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Total Claims <u>8</u> - 20 = _____ x _____ = _____ </td> <td style="width: 33%;"> Extra Claims <u>8</u> - 20 = _____ x _____ = _____ </td> <td style="width: 33%;"> Fee Paid (\$) _____ </td> </tr> <tr> <td colspan="3"> HP = highest number of total claims paid for, if greater than 20. </td> </tr> <tr> <td> Indep. Claims <u>3</u> - 3 = _____ x _____ = _____ </td> <td> Extra Claims <u>3</u> - 3 = _____ x _____ = _____ </td> <td> Fee Paid (\$) _____ </td> </tr> <tr> <td colspan="3"> HP = highest number of independent claims paid for, if greater than 3. </td> </tr> </table>			Total Claims <u>8</u> - 20 = _____ x _____ = _____	Extra Claims <u>8</u> - 20 = _____ x _____ = _____	Fee Paid (\$) _____	HP = highest number of total claims paid for, if greater than 20.			Indep. Claims <u>3</u> - 3 = _____ x _____ = _____	Extra Claims <u>3</u> - 3 = _____ x _____ = _____	Fee Paid (\$) _____	HP = highest number of independent claims paid for, if greater than 3.		
Total Claims <u>8</u> - 20 = _____ x _____ = _____	Extra Claims <u>8</u> - 20 = _____ x _____ = _____	Fee Paid (\$) _____												
HP = highest number of total claims paid for, if greater than 20.														
Indep. Claims <u>3</u> - 3 = _____ x _____ = _____	Extra Claims <u>3</u> - 3 = _____ x _____ = _____	Fee Paid (\$) _____												
HP = highest number of independent claims paid for, if greater than 3.														
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Multiple Dependent Claims Fee (\$) _____ </td> <td style="width: 33%;"> Fee Paid (\$) _____ </td> </tr> </table>			Multiple Dependent Claims Fee (\$) _____	Fee Paid (\$) _____										
Multiple Dependent Claims Fee (\$) _____	Fee Paid (\$) _____													

3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Total Sheets <u> </u> - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ </td> <td style="width: 33%;"> Extra Sheets <u> </u> - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ </td> <td style="width: 33%;"> Fee Paid (\$) _____ </td> </tr> </table>	Total Sheets <u> </u> - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	Extra Sheets <u> </u> - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	Fee Paid (\$) _____	<table style="width: 100%;"> <tr> <td style="width: 33%;"> Number of each additional 50 or fraction thereof <u> </u> </td> <td style="width: 33%;"> Fee (\$) <u> </u> </td> <td style="width: 33%;"> Fee Paid (\$) _____ </td> </tr> </table>	Number of each additional 50 or fraction thereof <u> </u>	Fee (\$) <u> </u>	Fee Paid (\$) _____
Total Sheets <u> </u> - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	Extra Sheets <u> </u> - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	Fee Paid (\$) _____					
Number of each additional 50 or fraction thereof <u> </u>	Fee (\$) <u> </u>	Fee Paid (\$) _____					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u>							
Fee Paid (\$) _____							

SUBMITTED BY			
Signature <u>James M. Slattery</u> Name (Print/Type) <u>James M. Slattery</u>	Registration No. (Attorney/Agent) <u>28,380</u>	Telephone <u>(703) 205-8015</u>	Date <u>September 5, 2008</u>

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 1131-0500P	
Application Number 10/771,328-Conf. #4066		Filed February 5, 2004	
For DOUBLE WRAPPER CIGARETTE, MACHINE AND METHOD FOR MANUFACTURING THE SAME			
Art Unit 1791		Examiner R. J. Kemmerle	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,380</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		_____ September 5, 2008 Date	
 James M. Slattery _____ Typed or printed name		_____ (703) 205-8015 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			